

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

SQG

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
F	M	A	D	O	O	1	1	1	4	1	1	5									

I. NAME OF INSTALLATION

CURTIS UNIVERSAL JOINT COMPANY INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

P.O. BOX 38, 4 BIRNIE AVE

CITY OR TOWN

ST.

ZIP CODE

SPRINGFIELD

MA 01107

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

54 BIRNIE AVE

CITY OR TOWN

ST.

ZIP CODE

SPRINGFIELD

MA 01107

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 MCCOMBE WILLIAM G V.P. OF MFG.

413-737-0281

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 HARTMANN RICHARD M SR

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ C. TREAT/STORE/DISPOSE☐ B. TRANSPORTATION (complete item VII)☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

5	6	7	8	9	10	11	12	13	14	15
W										
1	2	3	4	5	6	7	8	9	10	11

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 MOOI	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE William G. McCombe	NAME & OFFICIAL TITLE (type or print) WILLIAM G. McCOMBE, V.P. OF MFG	DATE SIGNED 4/2/84
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Curtis joints

APR 5 1984



Curtis Universal Joint Co., Inc., Springfield, Mass. 01107

April 3, 1984

State Waste Program
Permit Branch
U.S. E.P.A. Region I
JFK Federal Building
Room 1903
Boston, MA 02203

Attention: Ms. Mary Sanderson

Dear Ms. Sanderson:

SDG We are a small machine shop in Springfield, MA. We generate small amounts of waste oils and water soluble coolants. A combined total of approximately 100 to 150 gallons per month.

We have been advised by our waste oil hauler that we should file for an E.P.A. identification number for our facility, such that more complete records can be maintained.

I have discussed this matter with Evan Johnson at the Western Region Office of D.E.Q.E. and he advised me to forward this letter along with the attached application to you.

Would you please process this application as soon as possible.

If you have any questions regarding this matter, please call me. The telephone number is (413) 737-0281.

Respectfully yours,

William G. McCombe
Vice President of Manufacturing

Enclosure

CC: Ms. Benevides
D.E.Q.E. Div. of Hazardous Waste
1 Winter Street - 5th Floor
Boston, MA 02108

Mr. Evan Johnson
D.E.Q.E. Western Region
436 Dwight Street
Springfield, MA 01103

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INSTALLATION'S EPA I.D. NO.

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II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

SQG

APR 5 1984

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

840416

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STREET OR P.O. BOX

3 P.O. BOX 38, 4 BIRNIE AVE

CITY OR TOWN

ST.

ZIP CODE

4 SPRINGFIELD

MA 01107

III. LOCATION OF INSTALLATION

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CITY OR TOWN

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ZIP CODE

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MA 01107

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PHONE NO. (area code & no.)

2 MCCOMBE WILLIAM S V.P. OF MFG.

413-737-0281

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SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

William G. McCombe
WILLIAM G. MCCOMBE, V.P. OF MFG
4/2/84

Curtis joints

Curtis Universal Joint Co., Inc., Springfield, Mass. 01107



April 3, 1984

State Waste Program
Permit Branch
U.S. E.P.A. Region I
JFK Federal Building
Room 1903
Boston, MA 02203

DIVISION OF
APR 5 1984
HAZARDOUS WASTE

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William G. McCombe
Vice President of Manufacturing

Enclosure

CC: Ms. Benevides
D.E.Q.E. Div. of Hazardous Waste
1 Winter Street - 5th Floor
Boston, MA 02108

Mr. Evan Johnson
D.E.Q.E. Western Region
436 Dwight Street
Springfield, MA 01103